Criminal Investigator Series - Office of the Inspector General WORK HISTORY FORM - 2008

Announcement

Numbers	<u>Class Titles</u> <u>Class</u>	Codes
8142	Chief of Criminal Investigations	C0712
8143	Deputy Inspector General of Criminal Investigations	C0713

INSTRUCTIONS:

Completion of the Work History Form is part of the selection process for the Criminal Investigator Series - Office of the Inspector General positions. There are two classifications that this form will be used for: Chief of Criminal Investigations, and Deputy Inspector General of Criminal Investigations.

Your grade will depend, in part, on the information that you provide here. Your grade also will be judged, in part, by your college diploma or transcript and any other relevant documentation. Civil Service reserves the right to determine the relevance of any listed experience and/or training.

This form is divided into three sections. They are:

- I. Work experience,
- II. Training, and
- III. Licenses and Certifications.

Specific instructions for completing the sections of this form are stated at the beginning of the actual sections. You are responsible for carefully following all instructions. If there are not enough blanks for you to list your experience, please attach (as necessary) additional sheets containing all information requested for that section. Be honest, specific, and complete when filling out this form. Civil Service must be able to use the information you supply on this Work History Form to determine if you meet the minimum qualifications as listed in the announcement for this position. In filling out this Work History Form, *please use the announcement as a reference*.

CERTIFICATION:

I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list, and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

applying in the future for positions in the Civil Service	e of the City of New Orleans.
Signature:	Date:
Name (please print):	

IMPORTANT: Check to make certain that you have completed each item fully and accurately. Your examination grade will depend upon the information you have provided.

SECTION I. WORK EXPERIENCE

INSTRUCTIONS

In this section you are asked to describe your experience related to the positions in the Criminal Investigator Series - Office of the Inspector General. It will be to your advantage to be as thorough as possible in listing your relevant work experience.

NOTES:

- 1. If, in reviewing your form, it is found to be incomplete it may be rejected or returned to you for more information.
- 2. In describing your experience, please list your most recent experience first.
- 3. To be considered an employee's supervisor, you must have done all of these:
 - a. assigned and reviewed the employee's work.
 - b. signed payroll time cards/ time sheets or approved requests for time off.
 - c. completed performance appraisal / service rating forms on the employee.
- 4. Forms are provided to describe three positions on the following pages. The first two are labeled "POSITION #1" and "POSITION #2." The final form is labeled "POSITION # _____." If you need to describe more than three positions, copy this final form (pages 7 & 8) and complete these.

Number the position described in the blank provided (when describing positions 3 or greater).

Section I: Work Experience - POSITION #1

Describe your experience related to investigations in an Office of Inspector General or similar government investigatory agency on a municipal, state or federal level.

a.	Job Title:		
	Organization/Department:		
b.	Dates: to month/year		
c.	Name of Supervisor:	Phone number: (May we contact this person	yes no
d.	Duties (please provide an approximate	percentage of time spent doing the	duties listed): % of time

Section I: Work Experience - POSITION #1 (continued)

Duties (continued) (please provide an approlisted):	oximate percentage of tin	
		% of time
Did this position require you to supervise en	mployees? VEC	NO
If YES, list the name and title of these empl		NO
		NO
If YES, list the name and title of these empl	loyees:	NO
If YES, list the name and title of these empl	loyees:	NO
If YES, list the name and title of these empl	loyees:	NO
If YES, list the name and title of these empl	loyees:	
If YES, list the name and title of these empl	Title:	
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If YES, list the name and title of these empl	Title:	
If YES, list the name and title of these empl	Title:	
If YES, list the name and title of these empl	loyees: Title:	

Section I: Work Experience - POSITION #2

Describe your experience related to investigations in an Office of Inspector General or similar government investigatory agency on a municipal, state or federal level.

a.	Job Title:		
	Organization/Department:		
b.	Dates: to month/yearmonth/year		
c.	Name of Supervisor:	Phone number: (May we contact this person	nyes no
d.	Duties (please provide an approximate	e percentage of time spent doing th	ne duties listed): % of time

Section I: Work Experience - POSITION #2 (continued)

	Duties (continued) (please provide an aplisted):		
		<u>%</u>	of time
_			
	Did this position require you to supervise If YES, list the name and title of these er		_ NO
			_ NO
	If YES, list the name and title of these er	mployees:	_ NO
	If YES, list the name and title of these er	mployees:	_ NO
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	If YES, list the name and title of these er	mployees:	_ NO
	If YES, list the name and title of these er	mployees:	_ NO
	If YES, list the name and title of these er	mployees:	_ NO
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	If YES, list the name and title of these er	mployees:	_ NO
	If YES, list the name and title of these er	mployees:	_ NO
	If YES, list the name and title of these er	mployees:	_ NO

Section	I: Work	Experience	ce - POS	SITION #	<u> </u>	_
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a. Job Title: Organization/Department: b. Dates: to Phone number: Phone number: (May we contact this person yes no) d. Duties (please provide an approximate percentage of time spent doing the duties listed): % of time	Descri	be your experience related to investigations in an Office of Inspector Genment investigatory agency on a municipal, state or federal level.	nera	ıl or simil	ar
b. Dates: to	a.	Job Title:			
c. Name of Supervisor: Phone number: (May we contact this person yes no) d. Duties (please provide an approximate percentage of time spent doing the duties listed): % of time		Organization/Department:			
d. Duties (please provide an approximate percentage of time spent doing the duties listed):	b.	Dates: to month/year month/year			
<u>% of time</u>	c.		on _	yes _	no)
	d.	Duties (please provide an approximate percentage of time spent doing to			
			•		
			•		
			•		
			•		

Duties (continued) (please provide an app listed):	roximate percentage of time s	pent doing the
,		% of time
Did this position require you to supervise If YES, list the name and title of these em		NO
Name:	Title:	
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Section II. Training

Please list any degrees you have obtained. In describing your (post-high school) educational background, list only undergraduate and graduate degrees received from an accredited college or university*. **Begin with your undergraduate degree(s) first.** For each degree listed, be sure to include:

a) the type of degree (e.g., BA, BS, MBA, MPA, MS, MA, JD, PhD)

d) the name of the institution from which you graduated

b) the year that you graduated c) your major field of study

Education).

1.	a) type of degree:	
	b) year graduated:	
	c) major:	
	d) the name of the institution:	
2.	a) type of degree:	
	b) year graduated:	
	c) major:	
	d) the name of the institution:	
3.	a) type of degree:	
	b) year graduated:	
	c) major:	
	d) the name of the institution:	

* NOTE: An accredited college or university is an institution that is accredited as a college or university by an organization that is recognized by the USDE (United States Department of

Section III. Licenses and Certifications*

Please list all licenses and/or certifications applicable to these job classes that you currently hold. Include the date that the license and/or certification was obtained, as well as the date that it expires, or must be renewed (if applicable).

Date granted	License / Certification Title	Expiration/ Renewal Date
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^{*} NOTE: As per the official announcement for these positions, you must have one or more certifications at the time of application. Please record the certifications submitted on this form as well.